

For Eligible Employees of the United States Government only. See instructions reverse side.

To The War Agencies Employees Protective Association  
1040-43 Washington Bldg., 15th & New York Avenues, Washington 25, D. C.

I, \_\_\_\_\_ (full name typed or printed)  
hereby make application for membership in The War Agencies Employees Protective Association.

I understand that if admitted to membership I shall be eligible to apply for Group Life Insurance under the Group Contract issued to the Association by The Equitable Life Assurance Society of the United States and I hereby apply for the amount of insurance for which I shall become eligible under the Group Insurance Plan. For purposes of becoming insured I certify that I am actively at work and in good health on the date of this application and eligible for membership under the rules of the Association and have not attained the age of sixty (60) years.

I was born year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ I designate as my Group Life Insurance beneficiary  
Primary \_\_\_\_\_ Relationship \_\_\_\_\_  
(*Mary Smith Jones—NOT Mrs. John E. Jones*)  
Home Address of Insured \_\_\_\_\_

NOTE: If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the member; if no such beneficiary survives, payment will be made in accordance with the terms of the policy.

You may elect to have the proceeds of your Group Life Insurance becoming due under the Group Insurance certificate as a member of The War Agencies Employees Protective Association payable, in a single sum, or in a variety of installment options offered by the Equitable Life Assurance Society. Write us for details.

My salary is \$..... Salary classification determines amount.

Date of overseas assignment.....

### PLAN OF INSURANCE

| AGE GROUP      | BASIC SALARY           | AMOUNT OF BASIC POLICY | CURRENT DIVIDEND*** ADDITIONS |                          | TOTAL COVERAGE | COST PER MO.* |
|----------------|------------------------|------------------------|-------------------------------|--------------------------|----------------|---------------|
|                |                        |                        | Life Insurance                | Accidental Death Benefit |                |               |
| Up to 40 incl. | Less than \$3,200..... | \$ 5,000               | \$1,000                       | \$ 7,500                 | \$13,500       | \$4.17        |
|                | 3,200 and over.....    | 10,000                 | 2,000                         | 15,000                   | 27,000         | 8.33          |
| 41-50 incl.    | Less than \$3,200..... | \$ 5,000               | \$1,000                       | \$ 7,500                 | \$13,500       | \$5.21        |
|                | \$3,200 and over.....  | 10,000                 | 2,000                         | 15,000                   | 27,000         | 10.42         |
| 51-60          | Less than \$3,200..... | \$ 5,000               | \$1,000                       | \$ 7,500                 | \$13,500       | \$6.25        |
|                | \$3,200 and over.....  | 10,000                 | 2,000                         | 15,000                   | 27,000         | 12.50         |

\* In addition an initial \$2 membership fee is required.

\*\*\* The established policy of the Association has been to liberalize benefits for members as fast as favorable experience warranted. We have followed a conservative policy so that when any action has been taken it seemed

reasonably certain that benefits once declared could be maintained indefinitely into the future. No benefits heretofore granted have ever been retracted.

**METHOD OF PREMIUM PAYMENT:** In every case the applicant is required to make an initial quarterly payment together with a \$2.00 membership fee.

**ELIGIBILITY:** Membership and Group Life Insurance is offered to:

1. All employees of American citizenship now outside the continental limits of the United States, wherever domiciled.
2. All employees located in the United States now in training for duties abroad or awaiting transportation.
3. All supervisory or administrative employees located in the United States who in the normal course of their duties are required to make trips abroad.
4. Directors of training programs for such employees.

Membership is limited to individuals in the above classes who are actively engaged as employees of the U. S. Government. You become insured as of the date you apply.

Applicant sign here \_\_\_\_\_

(Print Full Name Here)

Date signed \_\_\_\_\_

Name and address of person to whom certificate is to be sent:  
(Permanent reference point within United States unless otherwise indicated)

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of Agency or Dept. of Govt.

Be sure and sign medical statement on reverse side.

Eligibility of applicant certified by Personnel Officer,  
Head of Mission or Superior Officer

Signature of Certifying Officer

Title \_\_\_\_\_ Agency \_\_\_\_\_

Also, an Accident Death Benefit of either \$7,500.—or \$15,000.—corresponding to the salary classification determining the amount of your life insurance, was granted without additional cost to every member in good standing. This additional coverage will be granted together with the basic policy to all insured members. This additional coverage has been granted on a year to year basis but it is hoped and expected that this coverage will be continued through July 20, 1951. In any event every insured member will enjoy this additional coverage through July 20, 1951.

The maximum claim permissible will, therefore, be \$27,000.00 (\$12,000.00 Life Insurance; \$15,000.00 Accident Death Benefit) under the upper salary classification; and \$13,500.00 (\$6,000.00 Life Insurance; \$7,500.00 Accident Death Benefit) under the lower salary classification.

The Accident Death Benefit under the upper salary classification, and \$13,500.00 (\$6,000.00 Life Insurance; \$7,500.00 Accident Death Benefit) under the lower salary classification, are underwritten by the Accident and Casualty Insurance Company of Winterthur, Switzerland, the United Death Benefits are underwritten by the Accident and Casualty Insurance Company of Winterthur, Switzerland, the United States branch of which is located in New York City.

Our books are distributed throughout the World through personnel offices of the U. S. Government. If none is available at your local station, please send your request to the War Agencies Employees Protective Association, 1040-43 Washington Building, 15th and New York Ave., N. W., Washington 5, D. C.

Protection may be continued so long as you continue your premium payments and are a member of the Association in good standing and the member continues actively employed in Government service whether abroad or in the United States and until the insured attains the age of 65. This is a Mutual Non-Profit Association.

Standard Allotment Form 1122, if available in your Agency, may be executed by applicants to provide for the payment of the group premium by allotment subsequent to the first quarterly cash payment. Members may also pay for the insurance quarterly, semi-annually, or annually in advance by direct remittance to the Association. The allotment method is recommended to prevent possible termination for non-payment of premiums. Should you pay your premium in advance and terminate your service with the United States Government any unused premiums will be refunded.

On July 21, 1950, a dividend applicable to all members of the Association in good standing, and also new members approved subsequent to that date, was declared by the Board of Directors. Life Insurance contracts were increased by 20% of the face amount of the basic policy without extra contribution.

8. (For Female Employee) Are you now pregnant? (Yes or No) \_\_\_\_\_  
It is understood and agreed that the foregoing statements and answers are wholly true, and are offered to the Association as an inducement to grant the insurance for which application is hereby made. Furthermore, it is understood that the Equitable reserves the right to require that I be examined by a physician selected by the Equitable.  
Witness to Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_  
Witness to Signature \_\_\_\_\_

3. Have you been absent from work due to disability within the past three months? If "Yes", give dates and causes. (Yes or No)

4. Do you have any impairment of vision or hearing or mental or physical defects? If "Yes", give details. (Yes or No)

5. Have you consulted, or been treated by, a physician or practitioner during the past 12 months? If "Yes", give reasons and dates. (Yes or No)

6. Have you ever been under treatment in any dispensary, hospital, or asylum? If "Yes", give reasons and dates. (Yes or No)

7. Do you contemplate, or have you ever been advised to have, any hospital treatment or surgical operation? If "Yes", give reasons and dates. (Yes or No)

|                  |     |        |        |  |                       |
|------------------|-----|--------|--------|--|-----------------------|
| 1. Date of Birth | Sex | Height | Weight | 2. Are you now in good health? (Yes or No) | If "No", give details |
|------------------|-----|--------|--------|--|-----------------------|